

Rutland House Community Trust Limited

Rutland House Community Trust

Inspection report

Willowbrook
Willow Crescent
Oakham
Leicestershire
LE15 6EH

Date of inspection visit:
11 February 2019

Date of publication:
04 March 2019

Tel: 01572771001

Website: www.rutlandhousecommunitytrust.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Rutland House Community Trust is a residential care home that was providing personal and care for 10 people living with physical or learning disability at the time of the inspection.

People's experience of using this service:

- People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- There were enough suitably skilled and experienced staff to support people to be safe and to spend their time the way they wanted to. Staff respected people's privacy and dignity.
- Staff supported people to have their medicines at the right times and to access health services when they needed to.
- People had a choice of healthy food and were supported to have enough to eat and drink. People with special dietary requirements had those needs met.
- Staff were caring and supported people in ways to make people feel they mattered to them. Staff respected people's privacy. People were involved in decisions about their care and support.
- Staff supported people to participate in activities and to follow their interests and hobbies.
- People and relatives knew how to raise concerns if they had any and they were confident they would be listened to.
- The provider sought people's views and feedback about the service and acted on what they said.
- The service was well-led; management and staff shared the same vision to deliver high quality care and support. The provider had effective arrangements for monitoring the quality of the service and was committed to continuous improvement.

Rating at last inspection:

At the last inspection we rated the service Good (Report published 17 August 2016).

Why we inspected:

This was a planned inspection to check that the service remained Good. At this inspection we found the service remained Good overall and had improved from Requires Improvement to Good in the key question Effective.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Rutland House Community Trust

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of people living with learning disability.

Service and service type:

Rutland House Community Trust is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave 24 hours' notice because Rutland House Community Trust is a

small service and people are often out. We needed to be sure that people would be in.

What we did:

We reviewed the information we had received about the service. This included notifications of events that had happened at the service such as deaths and serious injuries, which the provider is required to send to us by law. We looked at the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to tell us about what the service does well and any improvements they plan to make. This information helped us to plan our inspection.

During the inspection, we spoke with three people who used the service and two relatives. We carried out observations in communal areas to assess how staff supported people.

We spoke with the registered manager and two support workers and a cook. We viewed two people's care records. We saw records relating to the management and operation of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- People were safe. Staff understood their responsibilities in relation to keeping people safe from harm and abuse at the service and when they went out.
- Staff taught people road safety so that they could go out alone to local shops. This showed that staff supported people to be more independent whilst remaining safe.
- People told us they felt safe because staff were kind and understood their needs. A relative told us, "The staff keep [person] safe. [Person] is happy and completely safe and well." Another relative said, "We know [person] is safe and happy because they talk about the service when they come home."

Assessing risk, safety monitoring and management

- People's care plans included assessments of risks associated with their care and support which staff followed to keep people safe but without restricting their independence.
- Staff had a comprehensive understanding of people's behaviours and how people may find other's behaviour challenging. Staff identified signs when people were anxious and made timely and safe interventions to protect people from harm to themselves and others.
- People had personal emergency evacuation plans (PEEP) in the case of emergency such as a fire. They and staff understood their PEEP because they took part in emergency evacuation drills.
- The registered manager ensured that equipment used to support people with transfers was maintained and safe to use; and that staff were trained to use the equipment safely.
- The premises were safe and secure and well maintained.

Staffing and recruitment

- There were enough suitably skilled and experienced staff to support people with their needs and preferences. The staff team was experienced, 25% of the staff had worked at Rutland House for as long as people had lived there.
- When the registered manager planned rotas, they ensured enough staff were available to support people with activities that were planned. This ensured that people were able to spend their time the way they wanted. It also showed that people's needs were at the centre of how the service was run.

Using medicines safely

- Staff supported people to have their medicines at the right times. Staff told people what their medicines were for. Only trained staff who had been assessed as competent supported people with their medicines.
- People had medicines care plans which explained how their medicines must be given. Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People told us they had PRN medicines when they needed them.

- Medicines were stored securely and regularly audited by the registered manager to ensure they were being managed safely. They followed protocols for the safe disposal of medicines no longer required.

Preventing and controlling infection

- Staff followed infection control procedures to protect people and themselves from the risk of the spread of infection. They wore gloves and aprons when they supported people with personal care and eating.
- Communal areas, bathrooms and bedrooms we saw were clean.

Learning lessons when things go wrong

- The provider took actions when mistakes were made. When agency staff had not provided care to required standards action was taken to ensure agency staff participated in the staff handovers and received the same updates about procedures as permanent staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager or deputy manager assessed people's needs before they came to the service to ensure that Rutland House was a suitable service and one that could fully meet people's needs. Assessments included how people would be supported to achieve their desired outcomes.
- People's needs were assessed and regularly reviewed. This ensured that the service could continually meet people's needs.
- Staff told us that they read people's care plans to ensure they understood people's needs effectively. They told us they found the care plans easy to follow.
- Staff meetings were used to ensure staff had the latest information about people. We observed a staff meeting during which staff shared and exchanged information about people's needs. People experienced a continuity of care and support as a result.

Staff support: induction, training, skills and experience

- Staff received training that was relevant to the needs and requirements of people using the service. The training was developed around people's needs. For example, the training included supporting staff to understand and recognise health conditions people lived with and how to use specialised equipment such as an intravenous feeding device.
- Staff told us their training had given them the confidence and knowledge to be able to support people.
- Staff induction included shadowing experienced staff and observing how every person was supported. A staff member told us, "The training definitely prepared me for the role."
- The staff team was experienced. Most staff had worked at the service for at least three years and 25% had worked at the service for as long as people had lived there. This meant people were supported by staff they knew well. A relative said, "The staff know how to relate to people because they know them well."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to have enough to eat and drink. People had a choice of nutritious food and drinks. They were involved in deciding what food and drink was bought and some participated in on-line shopping for food.
- Staff prepared meals of people's choice. Meals were freshly prepared by staff who were trained in food hygiene and preparation.
- People told us they enjoyed their meals and that they had second helpings if they wanted.
- Information about people's dietary requirements, food preferences and food allergies was available in the kitchen and we saw it being used when food was prepared.
- People who required support with eating received support. They were supported at a pace that suited

them, they were not rushed and staff made meal times a pleasant social occasion for people.

- Staff offered and provided people with a choice of drinks throughout the day.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Five people had a DoLS authorisation and we found that the conditions were being met.
- Staff understood their responsibilities under the MCA. They sought people's consent before they provided care and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service involved health professionals such as dietitians, physiotherapists, district nurses and chiropodists in people's care. Staff followed health professional's advice.
- The registered manager arranged for health professionals to train staff in aspects of people's care such as recognising and correctly responding when a people had seizures.
- Staff supported people to access health and social services when they needed them. A relative told us, "Staff take [person] to the surgery. They see the dentist and nurse regularly."

Adapting service, design, decoration to meet people's needs

- Rutland House was a purpose-built service. The design and décor of the home was supportive of people's needs. Communal areas were spacious and decorated to be comfortable and, through use of colour and pictures a sensory calming effect.
- People's rooms were personalised to their taste. We saw from viewing people's rooms what their hobbies and interests were. Every room was different. A person told us, "I like my pink room."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated in a kind and caring way by staff who demonstrated patience and compassion towards them. A person told us, "The staff are nice people." A relative said, "When we talk with staff it is like we are talking with a friend."
- Staff respected people's individuality and differences and did things to make people feel they mattered. For example, people could have meals at any time they wanted. The cook told us, "People can have meals at any time. At weekends after a lay-in people ask for a brunch and they can have one. It is their home." In another example, a person told us, "[Staff member] brushed and plaited my hair this morning. I love them."
- Staff knew that it was important to people how furniture, decoration and toys were arranged in their rooms. They took exceptional care to ensure that nothing was out of place.
- Staff supported people to achieve their potential. They supported people to make 'wish-lists' of what they wanted to do, and places they wanted to go to. Staff supported people to decide where they wanted to take their holidays; they showed them pictures of different places included places they had been to before and new places. A person who had not been abroad before was supported to have holidays in the Mediterranean after they selected pictures of that region.

Supporting people to express their views and be involved in making decisions about their care

- Staff were skilled at communicating with people. They used signs, pictures, gestures that people had developed themselves so that they could communicate with people effectively. People and staff had agreed signs that people could use to tell staff whether they felt happy, sad or unwell.
- Staff involved people in every-day decisions, such as who they wanted to support them and deciding what to wear. A staff member told how they did this. They said, "Staff will hold up different clothes for a person to choose." A relative told us, "The staff help people make choices, for example what they wear. Ten out of ten to staff, they are very caring and thoughtful."
- Information in people's care records showed that they and / or their relatives were involved in making decisions about their care. A relative told us, "They are very good at involving us. We attend meetings and we feel very involved in [person's] care, well-being and health. I know I can always ring with any queries."
- Staff supported people to keep in touch with family and people who mattered to them.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by staff. Staff respected people's privacy and dignity when they supported them. They carried out personal care and supported people with their medicines in the privacy of their rooms.
- People could spend their time where they wanted. They could go to their rooms at any time where staff did not disturb them.

- People were supported to maintain relationships with family and friends who were welcome to the service at any time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans included information about goals they wanted to achieve. Most goals were related to activities people wanted to participate in, holidays they wanted to have or places they wanted to visit.
- Staff supported people to achieve their goals. This included supporting people to monitor their own progress towards a goal, for example saving money towards the cost of a holiday or activity. People achieved their goals. For example, Mediterranean cruises, visits to exhibitions and a variety of destinations that meant something to them. People were able to achieve their goals because of good organisation and planning which included ensuring there were always staff available to support people.
- Staff were able to provide consistently good care because they communicated exceptionally well with people. People's communication needs were identified, recorded and highlighted in care plans. We saw evidence that the identified information and communication needs were met for individuals through the way staff offered people choices and acted upon them. This showed that staff understood the Accessible Information Standard.
- Staff had in-depth knowledge about people's interests, hobbies and things that mattered to them. Staff knew what people liked to talk about and they showed their interest by supporting people to make their own 'memories book' or diary of things they had done. A relative felt reassured by this. They told us, "[Person] has a diary so when they come home I can converse with them about what they have done. This is important to us as a family."
- Staff supported people to do as much by themselves as they could. They identified how much a person liked to go out to local shops. To support them to be independent staff arranged for the person to have road safety lessons until the person was confident to go out alone.
- People were supported to use an allotment area where they grew vegetables that were used in the kitchen. People who wanted to supported staff with meaningful tasks such as using a washing machine, folding laundry, vacuuming and dusting. Staff promoted these activities because they gave people a sense of participation in the running of their home.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint if they felt they needed to. The complaints procedure was available in an easy to read format. People told us they would talk to the manager or staff if they had a concern.
- No complaints had been made since our last inspection. A relative told us, "I've never felt the need to complain. I would raise anything with any member of staff."

End of life care and support

- People were asked about their end of life wishes and preferences as part of the assessment process. Their wishes about funeral arrangements were recorded in their care files.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team shared the same vision for the service which was to support people to lead as independent lives as possible. The registered manager told us, "We are all on the same page"; a staff member said, "The staff are motivated. We are confident about making suggestions. It's an open and honest service to work for."
- The service was well organised and run. Staff were clear about their roles and worked well together as a team. They were supported through an appraisal system that included personal performance reviews every six to eight weeks.
- There were effective procedures for monitoring the quality of the care and support people experienced. This included seeking feedback from people and relatives. A survey in November 2018 showed that people and relatives were unanimously very satisfied with the quality of the care and support provided.
- The registered manager carried out checks to ensure the premises were safe, secure and well-maintained.
- The service was not risk averse. For example, people participated in activities that carried a risk of injury but these were managed so that people enjoyed increased independence.
- The registered manager fully understood their regulatory responsibilities. They kept CQC informed of events at the service and were fully conversant with guidance about the essential standards of care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff team planned and regularly reviewed people's care and support. This included ensuring that there were enough staff to support people with their chosen activities which was very important to people.
- When incidents occurred at the service, the registered manager informed people's relatives, the local authority that paid for people's care and CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's and relative's views were sought at resident's meetings, through surveys and every-day interactions with staff. People were involved in reviews of their care plans.
- Staff offered people choices every day and supported their wishes.
- Staff had opportunities to be involved through regular performance review meetings and staff meetings. Staff told us they were confident about making suggestions, for example about activities people could

participate in.

- Results from staff surveys were consistently positive. Staff said they felt involved and that the registered manager and the provider's senior management team were approachable and supportive.

Continuous learning and improving care

- The provider's quality assurance systems were a driver for improvement. Even though results of surveys were consistently positive the registered manager continually looked to see how the service could be improved. For example, a conservatory was converted into a sensory room to give people a more stimulating space they could relax in. The registered manager took ideas from research they read about care home environments.

How

Working in partnership with others

- The service worked with health professionals such as GPs, district nurses, occupational therapists to support people.
- The registered manager visited other care homes in the area to share and exchange ideas about training and good practice.
- The registered manager had established links with services that provided educational and recreational opportunities for people living with learning disability. People at Rutland House subsequently used those services.